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E-filing

UNITED STATES DISTRICT COURT

Swede NFIGON 5582 CASE NO. Plaintiff. MVEDET STORE " Union SAGAM Defendant

NELSON, Ray Succeeding, under penalty of perjury that I am the plaintiff in the above entitled case and that the information I offer throughout this application is true and correct. I offer this application in support of my request to proceed without being required to prepay the full amount of fees, costs or give security. I state that because of my poverty I am unable to pay the costs of this action or give security, and that I believe that I am entitled to relief.

In support of this application, I provide the following information:

Are you presently employed? No X INCARCATED (False IMPRISONMENT) 1. If your answer is "yes," state both your gross and net salary or wages per month, and give the name and address of your employer: Net: None Gross: Mone

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SPAIRWAY VISA EXEVATORS

IN FORMA PAUPERIS LAPP, TO PR

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RETURNED TO PLAINTIFF

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188]	If the answer is "no," state the date of last employment and the amount of the gross and net						
X 2.5	2	salary and wages per month which you received. (If you are imprisoned, specify the last						
(101)555	3	place of employment prior to imprisonment.) WILD CATTERS DEILING - MUNING MAG-RMLROND - PIPE LIVES ROCK SPEINES, WYOMINS BOOST (307) 257-6846 19 Aug 19						
8	5	5 KOCK SPRINGS, WYOMING 80089 (301) 251-61-76 17 HUG						
14	6							
	7	2. Have you received, within the past twelve (12) months, any money from any of the						
4	8	.						
work Alc	9	. а.	Business, Profession o	Т	Yes <u> </u>			
Obj	10		self employment					
1	11	Ъ.	Income from stocks, b	onds,	Yes No			
re/son	12		or royalties?					
190	13	c.	Rent payments?		Yes No _X			
16	14	d.	Pensions, annuities, or	ī	Yes No			
7	15		life insurance paymen	ts?				
de	16	e.	Federal or State welfa	re payments,	Yes _X No			
	17		Social Security or other	er govern-				
	18	4						
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	20	received from each. Self Employment 56.500 20 1 TRAS 4000 Wasted a Felson Marc Room 1971716 oc						
	21	Î	TANNUMES	400* Wa 700°	360 67000 / 1912/001			
	22		931	700				
	23	3. Are	you married? WIDOWCd		Yes <u>X</u> No			
	24	III	II Name: KRISTEN	OME (Same) A	IRISON, deceased	· ·		
	25	Date or many						
	26							
	27	Gross \$		Net \$	Nove 100			
	28	4. a. List amount you contribute to your spouse's support:\$ 42000						
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